



City of Burlington

Employment Application

An Equal Opportunity/Affirmation Action Employer

244 W. DAVIS STREET • P.O. BOX 1358 • BURLINGTON, NORTH CAROLINA 27216-1358
(336) 222-5105 • FAX (336) 222-5109

We consider applications for all positions without regard to race color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

IMPORTANT! Please print or type. Fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. An unsigned, or incomplete application will not be considered. Once submitted, application materials become the property of the City.

Current Information

1. POSITION APPLIED FOR _____ Date _____
2. Are you seeking: Full-time Employment ☐ Part-time Employment ☐ Temporary ☐ Summer Work ☐
3. NAME _____
Last First Middle
4. ADDRESS _____
Complete Mailing Address Required City State Zip
5. TELEPHONE () _____ () _____ () _____
Home Business Cell Phone
6. ARE YOU 18 OR OLDER? YES ☐ NO ☐ IF NO, WHAT IS YOUR BIRTHDATE: _____

General Information (Attach additional sheet if needed)

If you need to explain any answer, use the space in Section 25 "EXPLANATIONS."

7. Have you ever been employed with the City of Burlington? YES ☐ NO ☐
If yes, what department & when? _____
8. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts? YES ☐ NO ☐
9. Are you related now or previously by blood or marriage to any City employee? YES ☐ NO ☐
If yes, give name, relationship and department: _____
10. Do you have the ability to perform all the duties of the job you have applied for? YES ☐ NO ☐
11. Have you (with exception of a traffic violation resulting in a fine or less than \$50.00 or an offense committed before your 16th birthday) been charged or convicted of a criminal offense? If "yes" explain below. YES ☐ NO ☐
Show for each offense: date, charge, place, court, and action taken or pending. If additional space is needed proceed to Section 25 "Explanations" on page 4.

NOTE: A conviction does not automatically mean you cannot be employed. What you were convicted of and how long ago are important. Please provide all details so an equitable decision can be made.

12. Are you an American citizen or do you currently have authorization to work in the United States? YES ☐ NO ☐
13. Did you receive any of your education or employment experience under another name? YES ☐ NO ☐
If yes, please explain in Section 25 "EXPLANATIONS" on page 4.

Education

Give your complete educational history.

14. Circle highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Education	Name and Mailing Address	Attended				Did You Graduate?	Degree, Diploma or Certificate Earned		
		From		To					
		Mo.	Yr.	Mo.	Yr.				
15. High School or GED						YES NO			
16. Technical Colleges or 4-Year College or Universities						YES NO			
						YES NO			
17. Graduate or Professional Schools						YES NO			
18. Military Service	YES NO	If "Yes", please provide the following information: Branch: _____ Length of Service - From: _____ To: _____ Honorable Discharge? YES <input type="checkbox"/> NO <input type="checkbox"/>							

Skills, Knowledge & Abilities

19. Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for an administrative position, indicate speeds for typing or 10-Key pad.

(a) _____	(e) _____
(b) _____	(f) _____
(c) _____	(g) _____
(d) _____	(h) _____

Registrations, Licenses, Certifications

20. List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

21. Do you possess a Class C driver's license (passenger car or pick-up truck)? YES ☐ NO ☐

If YES, please list state where issued and license number: _____

22. Do you possess a Commercial Driver's License? YES ☐ NO ☐

If YES, indicate the class, number, and state of issuance: _____

Employment

A complete application will contain at least **10 years of employment history**. All addresses must include complete mailing addresses. **All questions must be answered completely** and any gaps in employment explained.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		Number employees supervised by you _____	
Employer or company _____		Telephone # (____) _____	
Address _____			
Date Employed _____	Street _____	City _____	State _____ Zip _____
Date Separated _____	Duties _____		
Full-time for: Years Months		_____	
Part-time for: Years Months		_____	
Reason for leaving or desiring a change: _____			

B. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		Number employees supervised by you _____	
Employer or company _____		Telephone # (____) _____	
Address _____			
Date Employed _____	Street _____	City _____	State _____ Zip _____
Date Separated _____	Duties _____		
Full-time for: Years Months		_____	
Part-time for: Years Months		_____	
Reason for leaving or desiring a change: _____			

C. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		Number employees supervised by you _____	
Employer or company _____		Telephone # (____) _____	
Address _____			
Date Employed _____	Street _____	City _____	State _____ Zip _____
Date Separated _____	Duties _____		
Full-time for: Years Months		_____	
Part-time for: Years Months		_____	
Reason for leaving or desiring a change: _____			

D. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		Number employees supervised by you _____	
Employer or company _____		Telephone # (____) _____	
Address _____			
Date Employed _____	Street _____	City _____	State _____ Zip _____
Date Separated _____	Duties _____		
Full-time for: Years Months		_____	
Part-time for: Years Months		_____	
Reason for leaving or desiring a change: _____			

E. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ Number employees supervised by you _____

Employer or company _____ Telephone # (____) _____

Address _____

Date Employed _____ Street _____ City _____ State _____ Zip _____

Date Separated _____ Duties _____

Full-time for:	Years _____	Months _____
Part-time for:	Years _____	Months _____

Reason for leaving or desiring a change: _____

References

Name:	Street Number and Name	City, State & Zip	Daytime Phone Number
1.			
2.			
3.			
4.			

23. Have you had disciplinary action taken against you in the past 12 months? YES ☐ NO ☐
If yes, explain in Section 25 "Explanations." (A "YES" will not automatically disqualify you.)

24. Have you ever been dismissed or forced to resign from any job? YES ☐ NO ☐
If yes, explain in Section 25 "Explanations." (A "YES" will not automatically disqualify you.)

25. May we contact your present employer for reference? YES ☐ NO ☐ If NO, explain in Section 25 "EXPLANATIONS."

26. **EXPLANATIONS** Indicate item number for which additional information is being provided.

ITEM #	

Certification And Release

To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my currently and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City of Burlington, and associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information received from an employer or educational institution under a promise of confidentiality.

I understand that, if I apply or have applied for employment, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the result could preclude my employment.

I further understand that if employed, my work will be subject to a six (6) months probationary period, and if it is found that I am not adapted to the assigned work, I may be terminated without further reason, and without prejudice.

SIGNATURE _____ DATE _____